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## OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501  
HELENA MT 59620-2501  
[www.opi.mt.gov](http://www.opi.mt.gov)  
(406) 444-3095  
(888) 231-9393  
(406) 444-0169 (TTY)

Denise Juneau  
Superintendent

March 23, 2009

The Montana Office of Public Instruction (OPI) is pleased to announce the opportunity for schools/districts and organizations to apply for a 21<sup>st</sup> Century Afterschool Program grant. The 21<sup>st</sup> Century Community Learning Centers (CCLC) are the result of the No Child Left Behind legislation passed by the U.S. Congress. The funding for this new grant cycle is contingent upon the availability of federal funds.

Eligibility for a 21<sup>st</sup> CCLC grant is determined when **40 percent of the students from an applicant school or a partnering school receive free and reduced priced meals.** The application process will be competitive and will be completed and submitted online using the Office of Public Instruction's new E-Grant system. The OPI anticipates this system will be available on April 1, 2009.

Organizations that do not have a Legal Entity (LE) number will need to submit an Intent to Apply and a Commitment to Partner form in order to receive a login to complete the E-Grant application. The Intent to Apply, Commitment to Partner, and Taxpayer Disclosure Statement forms may be downloaded on this Web site: <http://www.opi.mt.gov/21Cent/index.html>. The forms will need to be mailed to: Sandi Smith, 21<sup>st</sup> CCLC Representative, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501 or they may be faxed to (406) 444-2955. **Intent to Apply, Commitment to Partner and Taxpayer Disclosure Statement forms must be postmarked or faxed by April 22, 2009.**

Prior to completing the online application, applicants are strongly encouraged to pull together data and program plans in preparation for the online competition. Below are eight points to consider in your pre-planning process.

1. A brief summary of how this project applies in terms of your school planning process;
2. The activities, in general terms, that you plan to implement in the establishment of a community learning center;
3. The extent to which you have evaluated the needs of your students and community;
4. The resources you have identified within your community;
5. The partnerships you have initiated or will initiate;

*"It is the mission of the Office of Public Instruction to improve teaching and learning through communication, collaboration, advocacy, and accountability to those we serve."*

6. Your overall level of preparedness to implement the project;
7. Well-defined goals that employ strategies and action steps; and
8. A sustainability plan that should be in place at the end of the grant period.

My office will be available to provide any assistance necessary, and I wish you well in this competitive process.

Sincerely,

Sandi Smith  
Education Program Representative  
21<sup>st</sup> Century Community Learning Centers  
(406) 444-3519  
sandismith@mt.gov



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
P.O. Box 202501  
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## ESEA Title IV, Part B 21<sup>st</sup> Century Community Learning Centers 2009-10

### INTENT TO APPLY

This form announces intent to apply for a 21<sup>st</sup> Century Community Learning Center grant.

Organization Name	Telephone
Mailing Address	City, State, ZIP Code
Contact Person Name & Title	
E-mail Address	FAX Number
Authorized Signature	Current Date

Please list the name of Schools/School Districts that are partnering with this organization.

School/District 1	Telephone
Mailing Address	City, State, ZIP Code
School Contact	
School/District 2	Telephone
Mailing Address	City, State, ZIP Code
School Contact	
Fiscal agent should this grant be funded	
Attach additional schools to this document.	

Partner schools/districts must complete the **Commitment to Partner** and attach it to the **Intent to Apply**.  
Complete the **Taxpayer Disclosure Statement** and attach it to the **Intent to Apply**.  
**Intent to Apply Deadline:** Postmarked no later than April 22, 2009.



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## ESEA Title IV, Part B 21<sup>st</sup> Century Community Learning Centers 2009-10

### Commitment to Partner

This form announces the commitment of the named school district to partner with the following organization in order to apply for a 21<sup>st</sup> Century Community Learning Center grant.

Organization Name

School District

Telephone

Mailing Address

City, State, ZIP Code

Superintendent

E-mail Address

Legal Entity

Fax

Authorized Signature

Current Date

**School District Authorized Representatives**—The Board of Trustees has the authority to act on behalf of the school district. The OPI assumes the Board of Trustees delegates their authority to the district superintendent, who will act as authorized representative of the school district receiving federal and/or state grants. If the school district, because of its size, does not have a district superintendent, the principal will be presumed to be the authorized representative. If a district has neither a superintendent nor a principal, the county superintendent will assume the role of authorized representative. Although this assignment of duties will be assumed by the OPI, the trustees may instead retain the Chairman of the Board in the role of authorized representative for the board. The trustees should send written notice to the OPI if they choose to retain the Chairman as authorized representative.

OPI Use Only

Date Received

Assigned IRN

Approval



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**Denise Juneau  
Superintendent**

**Taxpayer Disclosure Statement**

Name \_\_\_\_\_

Address \_\_\_\_\_

Taxpayer Identification Number (TIN)

\_\_\_\_\_

Section 7 of Public Law 93-579, enacted by the U.S. Congress requires that you be advised of the following in connection with our request for your Taxpayer Identification Number (TIN):

Disclosure of your taxpayer identification number is mandatory under Section 6109 of the Internal Revenue Code which requires that you provide your correct TIN to an entity (OPI) who must file information returns with the IRS to report income paid to you. Your identification number will be used for the sole purpose of facilitating payment to you and reporting such payment under Montana Department of Revenue and Internal Revenue Code reporting requirements. This form will be shredded upon completion of payment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please attach a copy of a voided check or a direct deposit form completed by your bank to this document to facilitate direct deposit of funds.